

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		<i>07/12/00</i>
FEE DETERMINATION			
CLASSIFIER		<i>19</i>	<i>7 20 00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	<i>827</i>	<i>11-07-00</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
staple additional sheet here

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